



VERMONT

ENVIRONMENTAL CONSERVATION

Drinking Water and Groundwater Protection Division

APPLICATION

GROUNDWATER UNDER THE DIRECT INFLUENCE OF SURFACE WATER EXEMPTION APPLICATION

For The Determination Of Exemption From Microscopic Particulate Analysis (MPA) Testing

When filling out this Application please follow the numbered line-by-line instructions, progressing to the indicated sections as directed in **Bold Type**. Please place an [X] in the appropriate boxes and supply all supporting documentation. Refer to the **Guidance Document** (Sections referenced) for further explanation of the required documentation. When the line-by-line instructions indicate that the Application has been finished, send the Application along with all requested supporting documentation to the Drinking Water and Groundwater Protection Division. Please start with filling in your Town name, system name and ID number below.

Town:

Public Water System name:

Water System I. D. # (WSID):

(Please make additional copies of this application and complete one form for each groundwater source which is to be considered for an exemption.)

Please be sure to complete and include the attached Inventory Of Water System Sources with your submittal.

1. Source Name:
Source Identification Number or letter:
(Include a USGS Topographic Map showing the location of each groundwater source which contributes to the water system.)

Source Type:

- ☐ A. Drilled Bedrock Well.
☐ B. Drilled Gravel Well,
☐ C. Well Point, or Dug Well.
☐ D. Infiltration Gallery, or Spring.

Current Source Status:

- ☐ New Source.
☐ Permanent.
☐ Seasonal or offline (Planned use).
☐ Emergency (Unplanned use).

Is this source currently filtered? (i.e. meets SWTR requirements; slow sand, rapid sand – not water softener or sand or iron removal) Yes ☐ No ☐

If yes, describe method and type of filtration

(Advance to line 2.)

2. Is the source a Spring or Infiltration Gallery? Yes ☐ No ☐

If No, **Advance to line 3.** See Guidance Doc. Section II, A.

If Yes, **Advance to Line 11.** See Guidance Doc. Section III-VI.

3. Is the source located 150 feet or more from surface water? Yes ☐ No ☐

If Yes, **Advance to line 4.** See Guidance Doc. Section. II, B.

If No, **Advance to line 7.** See Guidance Doc. Section. II, B.

4. Is the source a drilled bedrock well? Yes ☐ No ☐

If Yes, **Advance to line 5.**

If No, **Advance to Line 11.**

5. Does the source have greater than 50 feet of watertight casing below grade? Yes ☐ No ☐

If Yes, **Advance to line 11.** See Guidance Doc. Section II, C.

If No, **Advance to line 6.**

6. Is there a confining layer present between the surface water and the source aquifer? Yes ☐ No ☐

If Yes, **Advance to line 11.** See Guidance Doc. Section II, D.

If No, **Advance to line 11.** See Guidance Doc. Section III-VI.

7. If the answer to question #3 was yes, please complete all of the following:

A. Does the source have a historical association with water-borne disease outbreaks? Yes ☐ No ☐

If No, See Guidance Doc. Section II, E.

B. Has the source, within the last three year period, had one or more violations of total coliform MCL, or repeatedly failed to meet coliform monitoring requirements? Yes ☐ No ☐

If No, See Guidance Doc. Section II, F.

C. Is the source subject to surface water influence by annual flooding? Yes ☐ No ☐

If No, See Guidance Doc. Section II, G.

D. Are there construction defects or deficiencies which could allow surface water to directly enter the source? Yes ☐ No ☐

If No, See Guidance Doc. Section II, H.

E. Does the source have a tested capability to yield more than 500 gallons per minute? Yes ☐ No ☐

If No, See Guidance Doc. Section II, I.

F. Does the source have any other evidence of being under the direct influence of surface water? Yes ☐ No ☐

If No, See Guidance Doc. Section II, J.

If any of the above items in line 7 were answered Yes,

Advance to line 11. See Guidance Doc. Section III-VI.

If all of the above items in line 7 were answered No,

Advance to line 8.

8. Is the top of the well screen, bottom of the well casing, or the bedrock surface greater than 50 feet below ground surface? Yes ☐ No ☐

If Yes, Advance to line 11. See Guidance Doc. Section II, K.

If No, Advance to line 9.

9. Is there a confining layer present between the source aquifer and surface water? Yes ☐ No ☐

If Yes, Advance to line 11. See Guidance Doc. Section II, D.

If No, Advance to line 10.

10. Is there a direct hydraulic connection between the source and surface water? Yes ☐ No ☐

If Yes, Advance to line 11. See Guidance Doc. Section III-VI.

If No, Advance to line 11. See Guidance Doc. Section II, L.

11. If this Application was completed with the help of an environmental consultant, engineer, or well driller, please have them sign below. (**Then advance to line 12.**)

Print Name

Signature

Profession

Affiliation

Phone #

Date

12. I hereby certify that my answers to these questions are accurate and the attachments meet the requirements of the Guidance Document.

Print Name
(Owner, Responsible Person)

Signature

Phone #

Date

STOP. The application procedure for this source is finished.

Please read the following:

Please submit all completed Exemption Application forms AND SUPPORTING DOCUMENTATION, **particularly a well completion report**, including the Inventory of Water System Sources form, to the following address.

This (fact sheet/form/application) and related environmental information are available electronically via the internet. For information visit us through the Vermont Homepage at <http://www.vermont.gov> or visit VT WSD directly at <http://www.vermontdrinkingwater.org>

Drinking Water and Groundwater Protection Division
1 National Life Drive, Main, 2nd Floor
Montpelier, VT 05620-3521
Toll free 1-800-823-6500
Out of State 1-802-241-3400
Fax 1-802-828-1541

INVENTORY OF WATER SYSTEM SOURCES

Water System Name: _____ WSID # _____

Please list each source (permanent, seasonal, offline or emergency) which provides water to your water system in the spaces provided below. The source ID should correspond with the source identification used to locate the source on the topographic map accompanying this Application. Also indicate which source construction type you have by using the designated letter below (A, B, C, D, or E).

Source Type

- A. Drilled Bedrock Well
B. Drilled Gravel Well
C. Well Point, Or Dug Wall
D. Infiltration Gallery or Spring
E. Surface Water
F. Purchased from another water system, WSID #

[illegible]